10/573485 APPLICATION DATA SHEET RECUTEMPTO 24 MAR 2006

Application Information

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	METHOD AND SENSOR ARRANGEMENT FOR LOAD MEASUREMENT ON ROLLING ELEMENT BEARING BASED ON MODEL DEFORMATION
Title:: Attorney Docket Number::	FOR LOAD MEASUREMENT ON ROLLING ELEMENT BEARING BASED ON MODEL
	FOR LOAD MEASUREMENT ON ROLLING ELEMENT BEARING BASED ON MODEL DEFORMATION
Attorney Docket Number::	FOR LOAD MEASUREMENT ON ROLLING ELEMENT BEARING BASED ON MODEL DEFORMATION SKF-NEW
Attorney Docket Number:: Request for Early Publication?::	FOR LOAD MEASUREMENT ON ROLLING ELEMENT BEARING BASED ON MODEL DEFORMATION SKF-NEW No
Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure::	FOR LOAD MEASUREMENT ON ROLLING ELEMENT BEARING BASED ON MODEL DEFORMATION SKF-NEW No
Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure::	FOR LOAD MEASUREMENT ON ROLLING ELEMENT BEARING BASED ON MODEL DEFORMATION SKF-NEW No No

Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Dutch
Status::	Full Capacity
Given Name::	Hendrik
Middle Name::	Anne
Family Name::	MOL
Name Suffix::	
City of Residence::	Sleeuwijk
State or Province of Residence::	
Country of Residence::	Netherlands
Street of Mailing Address::	Rijksstraatweg 54
City of Mailing Address::	Sleeuwijk
State or Province of Mailing Address::	
Country of Mailing Address::	Netherlands
Postal or Zip Code of Mailing Address::	NL-4254 XG

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

This Application National Stage of PCT/NL2004/000641 09/16/2004

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority

Claimed::

Netherlands 1024372 09/24/03 Yes

Assignee Information

Assignee Name:: AB SKF

Street of Mailing Address:: Hornsgatan 1

City of Mailing Address:: Göteborg

State or Province of Mailing

Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing S-415 50

Address::